

# MEMO

**To:** John Lefler, Michigan Department of Environmental Quality  
**From:** Robert Young, TechLaw *RY*  
**Subject:** Investigation-Derived Waste - Manistique Paper  
**Date:** June 8, 1998

Based on your telephone conversation with Mr. Mike Powers of our TechLaw, Chicago office, enclosed is an amendment to the "Notification of Regulated Waste Activity" form for U.S. EPA ID No. MIR000030106. Per your instructions, only the second page of the form has been revised, as the information supplied on the first page is the same as the initial submittal. Please note that two pages have been submitted, allowing for the listing of additional Toxicity Characteristic waste codes. Also, as indicated in Section XI, "Comments," the wastes may contain polychlorinated biphenyls (PCBs), but the concentrations of the PCBs is currently unknown.

Please contact me at 312-345-8966 if you require any additional modifications.

cc: B. Freeman, U.S. EPA  
D. Sharrow, U.S. EPA  
P. Brown-Derocher, TechLaw  
T. Quillen, TechLaw

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner

- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☒(See Additional Waste Codes on Page 3 of 3)  
(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D004

D005

D006

D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

These pages (2 of 3 and 3 of 3) constitute an amendment to the Notification form for EPA ID No. MIRO00030106. The wastes generated at this facility are

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)  
Investigation Derived Wastes (IDW) from a U.S. EPA environmental investigation. The wastes may contain polychlorinated biphenyls (PCBs). The concentrations of PCBs is currently unknown.

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☐2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D008

D010

D011

☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
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3
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4
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5
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6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

Additional TC Waste Codes - see Page 2 of 3

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

STATE OF MICHIGAN



JOHN ENGLER, Governor

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

*"Better Service for a Better Environment"*

HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973

INTERNET: [www.deq.state.mi.us](http://www.deq.state.mi.us)

RUSSELL J. HARDING, Director

REPLY TO:

WASTE MANAGEMENT DIVISION  
PO BOX 30241  
LANSING MI 48909-7741

*File  
MPI*

February 4, 1998

Ms. Diane Sharrow  
Environmental Scientist  
US EPA Region 5  
77 West Jackson DRE-9J  
Chicago, IL 60604

Dear Ms. Sharrow:

SUBJECT: Notification of Regulated Waste Activity  
Identification Number **MIR 000 030 106**

The Michigan Department of Environmental Quality (MDEQ) has received a Notification of Regulated Waste Activity form which was submitted pursuant to Section 3010 of the federal Resource Conservation and Recovery Act, 42 U.S.C. 6930 and Part 111, Hazardous Waste Management, of Michigan's Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, MCL 324.11101 et seq.

Accordingly, an Identification Number has been issued for Manistique Disposal Site/EPA Region 5 Investigation located one mile East of M-94 on Frankovitch Road, Hiawatha Township, Michigan. This twelve character Identification Number **MIR 000 030 106** must be used on all manifests for shipments off-site of hazardous waste or liquid industrial waste and any correspondence regarding hazardous waste activities with MDEQ or the U.S. Environmental Protection Agency.

Enclosed is a copy of the notification form submitted with the identification number entered in Item I.C. Please carefully review the status marked to verify whether the correct box was checked in Item VIII. The status for this facility is:

Small Quantity Generator (Item A.1.b) - generate between 100 kg - 1,000 kg  
(220 lbs - 2,200 lbs) of hazardous waste at this facility in a calendar month.

One-time only waste generation.

If you determine that the incorrect status was checked, please submit a new notification form (EQP5150) with subsequent information (complete Item I.B. and I.C.), along with a cover letter explaining that the first notification was incorrect.

Page 2  
February 4, 1998

Note that the Identification Number is site-generated; meaning this identification number **cannot** be used at a new location. In case of a move, change of owner or facility status, contact the MDEQ for a new instruction booklet and notification form (EQP5150).

If the purpose of this notification is a one-time generation of hazardous waste due to a cleanup, polychlorinated biphenyls (PCB) removal, underground storage tank removal, etc., please notify the MDEQ in writing upon completion of the project. The MDEQ will deactivate the Identification Number at that time.

If you have any questions, please contact me at the number below or John Loeffler at 517-241-2441 or Don Clingersmith at 517-335-5139.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elaine Sellek", with a horizontal line extending from the end of the signature.

Elaine Sellek  
Notification Project Coordinator  
Waste Management Division  
517-335-5035

Enclosures  
cc/enc: Marquette District, WMD, MDEQ  
File

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

MI RC000030106

## II. Name of Installation (Include company and specific site name)

Manistique Disposal Site / EPA Region 5 Investigation

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

One Mile East of M-44 on Frankovitch Road

Street (Continued)

City or Town

State

Zip Code

Hiawatha Township

MI 49854-

County Code

County Name

153 Schoolcraft

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME - Notes The facility is a sludge pile with no

City or Town

State

Zip Code

mailing address.

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Sharrow

Diane

Job Title

Phone Number (Area Code and Number)

Environmental Scientist

312-886-6199

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box



US EPA Region 5 77 West Jackson DRE-95

City or Town

State

Zip Code

Chicago

IL 60604-

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

Manistique Papers Incorporated

Street, P.O. Box, or Route Number

453 South Mackinac Avenue

City or Town

State

Zip Code

Manistique

MI 49854-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

906-341-2175

P

P

Yes

No

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

## B. Used Oil Recycling Activities

1. Generator (See Instructions)  
☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.  
☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace  
☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 5. Underground Injection Control

1. Used Oil Recycling Marketer  
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device  
☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)  
☐ a. Transporter  
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
☐ a. Process  
☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))  
D007 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Diane Sharrow

Diane Sharrow, Env. Scientist

2 February 1998

## XI. Comments

The wastes generated at this facility are Investigation-Derived Wastes (IDW) from a US EPA environmental investigation. This is a one-time waste generation.







ID — For Official Use Only													
C												T/A	C
W													1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

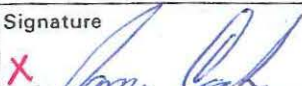
☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

### XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature 	Name and Official Title (type or print) X James Cook, Waste Treatment Sup.	Date Signed X 10/31/90
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Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

agency  
**1789**  
STE Activi

Comments

COPY

Approved

Date Received  
mo. day)

U. S. EPA, REGION V  
SVB - EMB

C	MID981192628										T/A	C
F												1

A	90	1	105
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MANIFESTIQUE PAPERS INC.

## Street or P.O. Box

2	<del>XXXXXXXXXX</del>	<del>XXXXXX</del>	453	5	MACKINAC
3	<del>XXXXXXXXXX</del>	<del>XXXXXX</del>			

City or Town

State

ZIP Code

C	MANISTIQUE															MI	4	9	8	5	4
4																					

## Street or Route Number

[illegible]

City or Town

State

ZIP Code

[illegible]

## Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

A. Name of Installation's Legal Owner.

B. Type of Ownership (enter code)

C	MANTIS	IQUE PAPER S INC	P
R	7-6-5-7-7		

**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- ☐ 1a. Generator
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel  
(enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

153-Schoolcraft

### **Y. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number



ID — For Official Use Only											
C											T/A C
W											1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.


49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

### XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature X 	Name and Official Title (type or print) X James Cook, Waste Treatment Sup.	Date Signed X 10/31/90
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